

Fill in this information to identify the case:

Debtor 1 \_\_\_\_\_

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number \_\_\_\_\_

## Official Form 410S1

## Notice of Mortgage Payment Change

12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any changes in the installment payment amount. File this form as a supplement to your proof of claim at least 21 days before the new payment amount is due. See Bankruptcy Rule 3002.1.

Name of creditor: \_\_\_\_\_

Court claim no. (if known): \_\_\_\_\_

Last 4 digits of any number you use to  
identify the debtor's account: \_\_\_\_\_

## Date of payment change:

Must be at least 21 days after date  
of this notice

\_\_\_\_/\_\_\_\_/\_\_\_\_

## New total payment:

Principal, interest, and escrow, if any

\$ \_\_\_\_\_

## Part 1: Escrow Account Payment Adjustment

## 1. Will there be a change in the debtor's escrow account payment?

☐ No

☐ Yes. Attach a copy of the escrow account statement prepared in a form consistent with applicable nonbankruptcy law. Describe the basis for the change. If a statement is not attached, explain why: \_\_\_\_\_

Current escrow payment: \$ \_\_\_\_\_

New escrow payment: \$ \_\_\_\_\_

## Part 2: Mortgage Payment Adjustment

## 2. Will the debtor's principal and interest payment change based on an adjustment to the interest rate on the debtor's variable-rate account?

☐ No

☐ Yes. Attach a copy of the rate change notice prepared in a form consistent with applicable nonbankruptcy law. If a notice is not attached, explain why: \_\_\_\_\_

Current interest rate: \_\_\_\_\_%

New interest rate: \_\_\_\_\_%

Current principal and interest payment: \$ \_\_\_\_\_

New principal and interest payment: \$ \_\_\_\_\_

## Part 3: Other Payment Change

## 3. Will there be a change in the debtor's mortgage payment for a reason not listed above?

☐ No

☐ Yes. Attach a copy of any documents describing the basis for the change, such as a repayment plan or loan modification agreement.  
(Court approval may be required before the payment change can take effect.)

Reason for change: \_\_\_\_\_

Current mortgage payment: \$ \_\_\_\_\_

New mortgage payment: \$ \_\_\_\_\_

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

☐ I am the creditor.

☐ I am the creditor's authorized agent.

**I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.**

x *Tabitha Sosa*

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print:

First Name

Middle Name

Last Name

Title

Company

Address

Number

Street

City

State

ZIP Code

Contact phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA

In Re:  
Susan A Marro

Chapter #13  
Case No.25-10019  
Honorable Patricia M Mayer

Debtor

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**CERTIFICATE OF SERVICE**

I, Tabitha Sosa of Santander Bank, N.A., do hereby certify that on March 7, 2025, I caused to be served a copy of the Notice of Payment Change on the service list below by having a copy of the same mailed by the first class mail, postage prepaid or other method specified on service list.

Signed under the penalties of perjury, this 7<sup>th</sup> day of March, 2025.

*Tabitha Sosa*

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Tabitha Sosa  
Santander Bank, N.A.  
Bankruptcy Administrator  
1130 Berkshire Boulevard  
Wyomissing, PA 19610  
(610) 988-0407  
Email: [DeftBkr@santander.us](mailto:DeftBkr@santander.us)

VIA US MAIL

Susan A Marro  
2416 S 10<sup>th</sup> St  
Philadelphia, PA 19148

VIA ECF

Kenneth E West  
190 N Independence Mall W Ste 701  
Philadelphia, PA 19106

Michael A Cibik  
[HELP@CIBIKLAW.COM](mailto:HELP@CIBIKLAW.COM)

Mail Code: 10-421-CN2  
P.O. Box 12646  
Reading, PA 19612  
Customer Service: 1-877-768-2265  
www.SantanderBank.com

286-0.5400 000003BFXAZRY 1/2 BIN:0 0-1143  
SUSAN MARRO  
2416 S 10TH ST  
PHILA PA 19148-3624



STATEMENT OF ACCOUNT

Account Number:  
Statement Date: 03-04-2025  
Statement Period From: 02-05-2025  
Statement Period Through: 03-04-2025  
Days in Statement Period: 28  
Current Balance: \$172,531.27  
Credit Line Amount: \$0.00  
Available Credit: \$0.00  
End of Draw Date: 06-05-2023

Minimum Payment:	\$99,819.00
Payment Due Date:	03-27-2025

Important Message

Want a faster and more convenient way to get your account information?  
Enroll in online banking and our Mobile Banking App – it takes just a few minutes.

ACCOUNT BILLING SUMMARY

Principal Due	\$427.80
INTEREST CHARGE Due	\$649.00
Past Due Amount	\$66,973.81
Late Charges Due	\$732.80
Fees Due	\$31,035.59
Payment Shortage	\$0.00
Total Minimum Payment Due	\$99,819.00

ACCOUNT BALANCE SUMMARY

Beginning Balance	\$171,812.27
Advances	\$0.00
Payment Received	\$0.00
Insurance Premium	\$0.00
INTEREST CHARGE	\$649.00
Late Charges	\$0.00
Fees	\$70.00
Adjustments	\$0.00
Ending Balance	\$172,531.27
Unapplied Credit Balance	\$0.00

SUMMARY OF REVOLVING ACCOUNT BALANCE

Periodic Rate From	02-05-2025	Periodic INTEREST CHARGE	\$649.00
Periodic Rate Through	03-04-2025	ANNUAL PERCENTAGE RATE	8.2400
Payment Amount	\$1,076.80		
Daily Periodic Rate *	0.0002257534		
Balance Subject to Interest Rate	\$102,671.43	Ending Principal	\$102,671.43
* The daily periodic rate may vary.			

TRANSACTION ACTIVITY SINCE YOUR LAST STATEMENT

Posting Date	Effective Date	Activity Description	Amount	Balance
	02-05-2025	BEGINNING PRINCIPAL		\$102,671.43
	03-04-2025	ENDING PRINCIPAL		\$102,671.43
***** FEES *****				
02-10-2025	02-10-2025	FORECLOSURE ATTORNEY COST	\$70.00	
		TOTAL FEES THIS PERIOD	\$70.00	
***** INTEREST CHARGED *****				
		TOTAL INTEREST THIS PERIOD	\$649.00	

Please return this portion with your check.



Account Number	Due Date	Payment Due	Amount Enclosed
	03-27-2025	\$99,819.00	

SUSAN MARRO  
2416 S 10TH ST  
PHILA PA 19148-3624

Make Check Payable To:

Santander Bank, N.A,  
P.O. Box 847051  
Boston, MA 02284-7051